State of California **Environmental Protection Agency** Air Resources Board

PO Box 1955 1001 "I" Street

Sacramento, CA 95814

Notification Line: Question Line: (916) 322-6950 (916) 327-1524

Fax: (916) 445-6024

Email: cargotank@arb.ca.gov

ARB USE ONLY Amt: \$ Date: Chk#: # of apps: Notice:

Version 12

ED/SSEB/FES-Form #042 (Rev. 09/05)

lease TYPE or PRINT	rgo Tank Vap	RMATION MUST	T BE ENTERED C	ON THIS APPL	LICATION.	Application
			A: Owner/	<u> </u>		
Company Name					_ Phone	e
Mailing Address					_ Fax	x
City and State	_				_ Zip Code	e
CT#		New	Renew	Change of Owner		
	Assigned by CARB	PI	ease Circle One		-	Transfer From
	Unit/		Full			Tank
	Equipt #					
4	48 Hour Test Notif		ıformatio	n		Test Date:
Date Notified:		Method	Phone	Fax	Email	Two Hour Test Window:
Date Notified.		JI NUUIIICAUGII.		ease Circle On	1е	Test willidow.
NOTE: As a	a condition of testing, the care	go tank Owner/	Operator must	notify ARB of	f testing at le	east 48 HOURS PRIOR to testing.
Owner/Operator Person	I hereby certify unde	er penalty of	perjury to the	accuracy	of the abo	ve information.
	Prin	nted Person's Nar				Person's Signature
		PART	B: Test C	ompany	/	
Company Name					_ Phone	e
Mailing Address						x
	d State					
-ull Test Address						
			me Tested			_
			TEST RESUL acuum Chang			
Pressure Change		V	j e		Internal Vapor Valve Test	
I hereby certify und	der penalty of perjury, the	at the tank de	escribed abo	ve has bee	n tested in	n accordance with the certification a
-	procedures set forth by t	the California	Air Resourc	es Board, a	and to the	accuracy of the results.
Test Conducted By						
Conducted by	Tester's	s Printed Name				Tester's Signature
Plea	se return this completed	d form with a	processing	fee of \$20	payable to	o: ARB/CARGO TANK.
NOTE:	Applications submitted	later than 1!	5 DAYS PRI	OR to expi	ration req	uire a \$40 processing fee.
		A	ARB USE ONL	LY		
Deec	al Number	•	CARB			Expriration Date